

1635  
H

Please type a question (+) into this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0551-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/036,869
Filing Date	November 29, 2001
First Named Inventor	A. James Mixon
Group Art Unit	1635
Examiner Name	SCHNIZER, Richard A.
Attorney Docket Number	38147-0017

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Paul M. Booth, Reg. No. 40,244, HELLER EHRLMAN WHITE &amp; MCAULIFFE LLP

Signature

Date

November 27, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: \_\_\_\_\_

Typed or printed name

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 03 2002

TECH CENTER 1000 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

NOV 27 2002 Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 460)

Complete if Known	
Application Number	10/036,669
Filing Date	November 29, 2001
First Named Inventor	A. James Mixson
Examiner Name	SCHINZER, Richard A.
Group / Art Unit	1635
Attorney Docket No.	38147.0017

RECEIVED  
USPTO CENTER 160/290

## METHOD OF PAYMENT (check all that apply)

- Check    Credit card    Money    Other    None  
 Deposit Account:

Deposit Account Number	08/1641
Deposit Account Name	HELLER EHRMAN WHITE & MCALIFFE LLP

The Commissioner is authorized to: (check all that apply)  
 Charge fees indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fees indicated below, except for the filing fee  
to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370		Utility filing fee	
106 330	206 165		Design filing fee	
107 510	207 255		Plant filing fee	
108 740	208 370		Reissue filing fee	
114 160	214 80		Provisional filing fee	
<b>SUBTOTAL (1)</b>				(\$ 0)

## 2. EXTRA CLAIM FEES

			Extra Claims	Fee from below	Fee Paid
Total Claims	20	-20 **	= 0	X [ ] = 0	
Independent Claims	3	-3 **	= 0	X [ ] = 0	
Multiple Dependent				X [ ] = 0	

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9		Claims in excess of 20	
102 84	202 42		Independent claims in excess of 3	
104 280	204 140		Multiple dependent claim, if not paid ** Reissue independent claims over original patent	
109 84	209 42		** Reissue claims in excess of 20 and over original patent	
110 18	210 9			
<b>SUBTOTAL (2)</b>				(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
105 130	205 65
127 50	227 25
139 130	139 130
147 2,520	147 2,520
112 920*	112 920*
113 1,840*	113 1,840*
115 110	115 55
116 400	116 200
117 920	217 460
118 1,440	218 720
128 1,960	228 980
119 320	219 150
120 320	220 150
121 280	221 140
138 1,510	138 1,510
140 110	240 55
141 1,280	241 640
142 1,280	242 640
143 460	243 230
144 620	244 310
122 130	122 130
123 50	123 50
126 160	126 180
581 40	581 40
146 740	246 370
149 740	249 370
179 740	279 370
169 900	169 900
Other fee (specify) _____	
*Reduced by Basic Filing Fee Paid	
<b>SUBTOTAL (3)</b>	
(\$ 460)	

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Patent Booth	Registration No.	Attorney/Agent) 40,244 Telephone 202-912-2000
Signature		Date	November 27, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



26633